## **United States Bankruptcy Court** Northern District of Oklahoma

In re	Joseph D. Lee, Jr. Karen L Lee		Case No.	
		Debtor(s)	Chapter	7

STATEMENT OF	SHEET FOR FORM B22 F CURRENT MONTHLY INCOME ANS TEST CALCULATION
■ Form B22A - STATEMENT OF CURRENT IN CHAPTER 7 ONLY)	T MONTHLY INCOME AND MEANS TEST CALCULATION (FOR USE
☐ Form B22B - STATEMENT OF CURRENT	Г MONTHLY INCOME (FOR USE IN CHAPTER 11 ONLY)
☐ Form B22C - STATEMENT OF CURRENT PERIOD AND DISPOSABLE INCOME (FO	T MONTHLY INCOME AND CALCULATION OF COMMITMENT OR USE IN CHAPTER 13)
July 26, 2012	/s/ Joseph D. Lee, Jr.
Date	Joseph D. Lee, Jr.
	Signature of Debtor
July 26, 2012	/s/ Karen L Lee
Date	Karen L Lee
	Signature of Joint Debtor
July 26, 2012	/s/ Greggory T. Colpitts
Date	Greggory T. Colpitts 14381
	Signature of Attorney
	Bar # 14381
	6506 S. Lewis Suite 175
	Address Tulsa, OK 74136-1079
	Phone # 918-747-9747
	Fax # 918-747-1267

## 

B22A (Official Form 22A) (Chapter 7) (12/10)

In re	Joseph D. Lee, Jr. Karen L Lee	According to the information required to be entered on this statement
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case N	lumber:	☐ The presumption arises.
	(If known)	■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by  $\S$  707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
171	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	<b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a.   I was called to active duty after September 11, 2001, for a period of at least 90 days and  I remain on active duty /or/  I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	b.   I am performing homeland defense activity for a period of at least 90 days /or/  I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

		Part II. CALCULATION (	OF MO	ON	THLY INC	CON	ME I	FOR § 707(b)(7	7) <b>E</b>	EXCLUSION		
		tal/filing status. Check the box that ap	_		-			-	emei	nt as directed.		
		Unmarried. Complete only Column	,		,							
		Married, not filing jointly, with decla										
2		perjury: "My spouse and I are legally so for the purpose of evading the requiren										
2		(ncome'') for Lines 3-11.	nems of	8 /	07(b)(2)(A) 01	ше	Dalik	rupicy Code. Con	ipie	te only column i	<b>A</b> (	Deptor 8
		Married, not filing jointly, without th	e declar	atio	on of separate l	ous	ehold	s set out in Line 2.	b ab	ove. <b>Complete</b> b	oth	Column A
		"Debtor's Income") and Column B								•		
	d.	Married, filing jointly. Complete bot	th Colu	mn	A ("Debtor's	Ince	ome''	) and Column B (	'Sp	ouse's Income'')	for	Lines 3-11.
		gures must reflect average monthly inc								Column A		Column B
		dar months prior to filing the bankruptoing. If the amount of monthly income								Debtor's		Spouse's
		onth total by six, and enter the result o				iuis,	you i	must divide the		Income		Income
3		s wages, salary, tips, bonuses, overtin		_					\$	1,560.78	¢	3,274.92
		ne from the operation of a business,				tract	Line	h from Line a and	φ	1,300.70	φ	3,214.32
		the difference in the appropriate colum										
	busine	ess, profession or farm, enter aggregate	e numbe	ers a	and provide de	tails	on ar	attachment. Do				
		iter a number less than zero. <b>Do not in</b>	nclude a	any	part of the bu	ısine	ess ex	penses entered				
4	on Li	ne b as a deduction in Part V.	Г		D.1.	T		g				
	a.	Gross receipts		\$	Debtor	00	Ф.	Spouse <b>0.00</b>				
	b.	Ordinary and necessary business exp		\$		_	\$	0.00				
	c.	Business income	The state of the s		tract Line b fr		•		\$	0.00	\$	0.00
	Rents	and other real property income. Su	ubtract I	ine	b from Line a	and	lente	r the difference in				
		propriate column(s) of Line 5. Do not										
	part (	of the operating expenses entered on	Line b	as	a deduction in	Par	rt V.					
5	l .	La .		Φ.	Debtor			Spouse				
	a.	Gross receipts		\$ \$		.00		0.00				
	b.	Ordinary and necessary operating expenses		Ф	U	.00	Ф	0.00				
	c.	Rent and other real property income		Sul	otract Line b fr	om l	Line a	ı	\$	0.00	\$	0.00
6	Inter	est, dividends, and royalties.							\$	0.00	\$	0.00
7	Pensi	on and retirement income.							\$	0.00	\$	0.00
	Any a	nmounts paid by another person or e	entity, o	n a	regular basis	, for	the l	nousehold				
0		ses of the debtor or the debtor's dep										
8		ose. Do not include alimony or separat										
		e if Column B is completed. Each reg						only one column;	\$	0.00	\$	0.00
	_	ployment compensation. Enter the a	•	_	•			of Line 9	+			
		ever, if you contend that unemploymen										
9		it under the Social Security Act, do no			ount of such c	omp	ensat	ion in Column A				
,		but instead state the amount in the spa	ce belov	v:								
	Uner	nployment compensation claimed to benefit under the Social Security Act	Debtor	\$	0.00	Sno	nice \$	0.00		2.22	_	
						Ŷ			\$	0.00	\$	0.00
		ne from all other sources. Specify some parate page. Do not include alimony										
		e if Column B is completed, but incl										
	maint	tenance. Do not include any benefits r	received	un	der the Social S	Secu	rity A	Act or payments				
10		red as a victim of a war crime, crime as	gainst h	um	anity, or as a v	ictin	n of ir	nternational or				
10	domes	stic terrorism.	Г		Dobton			Cmayaa				
	a.			\$	Debtor		\$	Spouse				
	b.			\$			\$					
	Total	and enter on Line 10							\$	0.00	\$	0.00
11		otal of Current Monthly Income for	§ 707(b)	)(7)	• Add Lines 3	thru	10 in	Column A. and	Ψ	0.00	Ψ	0.00
11		umn B is completed, add Lines 3 throu							\$	1,560.78	\$	3,274.92

12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.			4,835.70
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION			
13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the numeriter the result.	iber 12 and	\$	58,028.40
14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and housel (This information is available by family size at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy			
	a. Enter debtor's state of residence: OK b. Enter debtor's household size:	2	\$	49,838.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed.  ☐ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The p top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.	presumption of	does no	ot arise" at the
	■ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this	is statement.		

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Complete Part	SIV, V, VI, and VII of	this statement only if req	uired. (See Line 15.)		
	Part IV. CALCULA	TION OF CURR	ENT MONTHLY IN	<b>COME FOR § 707(b)</b> (	2)	
16	Enter the amount from Line 12.				\$	4,835.70
17	Marital adjustment. If you checke Column B that was NOT paid on a dependents. Specify in the lines bel spouse's tax liability or the spouse's amount of income devoted to each not check box at Line 2.c, enter zero.  a.  b.  c. d.  Total and enter on Line 17	regular basis for the hou ow the basis for excludi support of persons othe burpose. If necessary, list	sehold expenses of the deb ng the Column B income ( or than the debtor or the debtor	otor or the debtor's such as payment of the otor's dependents) and the	\$	0.00
18	Current monthly income for § 70	<b>7(b)(2).</b> Subtract Line 1	17 from Line 16 and enter t	he result.	\$	4,835.70
			F DEDUCTIONS FR			
19A	National Standards: food, clothin Standards for Food, Clothing and C at www.usdoj.gov/ust/ or from the c that would currently be allowed as a additional dependents whom you su	ther Items for the applications of the bankruptcy of the bankruptcy of exemptions on your federates.	cable number of persons. (Tourt.) The applicable num	This information is available nber of persons is the number	\$	1,029.00
19B	National Standards: health care. Out-of-Pocket Health Care for persout-of-Pocket Health Care for personal He	ons under 65 years of ago on 65 years of age or on 6k of the bankruptcy could enter in Line b2 the approach in each age categored and income tax returning b1 to obtain a total 2 to obtain a total amou	ge, and in Line a2 the IRS I lder. (This information is a jurt.) Enter in Line b1 the ap- plicable number of persons ory is the number in that ca in, plus the number of any a amount for persons under out and older	National Standards for vailable at oplicable number of persons who are 65 years of age or ategory that would currently dditional dependents whom 65, and enter the result in r, and enter the result in Line		
	Persons under 65 year		Persons 65 years of			
	a1. Allowance per person b1. Number of persons	60 a2 2 b2	. Number of persons	0		
	c1. Subtotal	<b>120.00</b> c2		0.00	\$	120.00
20A	Local Standards: housing and uti Utilities Standards; non-mortgage e available at www.usdoj.gov/ust/ or the number that would currently be any additional dependents whom you	xpenses for the applicate from the clerk of the bar	ble county and family size. nkruptcy court). The applic	(This information is cable family size consists of		

20B	Local Standards: housing and utilities; mortgage/rent expense. E Housing and Utilities Standards; mortgage/rent expense for your cour available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy of the number that would currently be allowed as exemptions on your fe any additional dependents whom you support); enter on Line b the tot debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero.	aty and family size (this information ourt) (the applicable family size conderal income tax return, plus the nual of the Average Monthly Paymer	n is ensists of amber of ats for any	
	<ul><li>a. IRS Housing and Utilities Standards; mortgage/rental expense</li><li>b. Average Monthly Payment for any debts secured by your</li></ul>	\$	773.00	
	home, if any, as stated in Line 42 c. Net mortgage/rental expense	\$ Subtract Line b from Line a.	0.00	\$ 773.00
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are enti Standards, enter any additional amount to which you contend you are contention in the space below:	I that the process set out in Lines 2 tled under the IRS Housing and Ut	ilities	\$ 0.00
	Local Standards: transportation; vehicle operation/public transpo	ortation expense.		ψ 0.00
22A	You are entitled to an expense allowance in this category regardless of a vehicle and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 8.	f whether you pay the expenses of	-	
	$\square \ 0 \ \square \ 1 \ \blacksquare \ 2 \ \text{or more}.$			
	If you checked 0, enter on Line 22A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 22A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	"Operating Costs" amount from IR applicable Metropolitan Statistica	l Area or	\$ 488.00
22B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that you public transportation expenses, enter on Line 22B the "Public Tra Standards: Transportation. (This amount is available at <a href="www.usdoj.gc">www.usdoj.gc</a> court.)	you are entitled to an additional de insportation" amount from IRS Loc	duction for	\$ 0.00
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owner vehicles.)			
	☐ 1 ■ 2 or more.			
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from th (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Average Monthly Payments for any debts secured by Vehicle 1, as stand enter the result in Line 23. <b>Do not enter an amount less than zero</b>	court); enter in Line b the total of the tot	he	
	a. IRS Transportation Standards, Ownership Costs	\$	200.00	
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42	\$	0.00	
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.		\$ 200.00
24	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Average Monthly Payments for any debts secured by Vehicle 2, as stand enter the result in Line 24. Do not enter an amount less than zero.	RIRS Local Standards: Transportat court); enter in Line b the total of tited in Line 42; subtract Line b from	ion he	
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$	517.00	
	b. 2, as stated in Line 42	\$	415.90	
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	11.6.11	\$ 101.10
25	Other Necessary Expenses: taxes. Enter the total average monthly e state and local taxes, other than real estate and sales taxes, such as inc	ome taxes, self employment taxes,		
	security taxes, and Medicare taxes. Do not include real estate or sale	es taxes.		\$ 1,150.49

26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.	\$ 0.00
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$ 0.00
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.	\$ 0.00
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child.  Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$ 0.00
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$ 0.00
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$ 0.00
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$ 0.00
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$ 4,366.59
	Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.	
34	a. Health Insurance \$ 152.62	
	b. Disability Insurance \$ 24.61	
	c. Health Savings Account \$ 0.00	\$ 177.23
	Total and enter on Line 34.	
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$	
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$ 0.00
36	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$ 0.00
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$ 0.00

38	Education expenses for dependent child actually incur, not to exceed \$147.92* per school by your dependent children less the documentation of your actual expenses necessary and not already accounted for	child, for attendance at a private of an 18 years of age. You must prov , and you must explain why the a	or public elementary of vide your case truste	or secondary ee with	\$	0.00
39	Additional food and clothing expense. expenses exceed the combined allowance Standards, not to exceed 5% of those con or from the clerk of the bankruptcy court reasonable and necessary.	s for food and clothing (apparel an abined allowances. (This information	d services) in the IRS on is available at www	National w.usdoj.gov/ust/	\$	0.00
40	Continued charitable contributions. E financial instruments to a charitable organization			ne form of cash or	\$	0.00
41	Total Additional Expense Deductions u	inder § 707(b). Enter the total of I	Lines 34 through 40		\$	177.23
	Sul	ppart C: Deductions for De	bt Payment		1	
42	2	y the property securing the debt, an taxes or insurance. The Average M o each Secured Creditor in the 60 n	d state the Average N fonthly Payment is the nonths following the arate page. Enter the	Monthly Payment, e total of all filing of the total of the		
	1 1 1	IN: 2A8HR44E39R547359	\$ 415.90	□yes ■no		
	Other payments on secured claims. If a	ny of debts listed in Line 42 are see	Total: Add Lines	y residence, a	\$	415.90
43	motor vehicle, or other property necessar your deduction 1/60th of any amount (the payments listed in Line 42, in order to make the following chart. If necessary, list additional to the following chart.	ny of debts listed in Line 42 are see y for your support or the support of c "cure amount") that you must pay aintain possession of the property. To avoid repossession or foreclosu	f your dependents, yo the creditor in addition the cure amount wou re. List and total any	u may include in on to the ld include any such amounts in		
43	motor vehicle, or other property necessar your deduction 1/60th of any amount (the payments listed in Line 42, in order to make the following chart. If necessary, list additional Name of Creditor	ny of debts listed in Line 42 are set y for your support or the support of a "cure amount") that you must pay aintain possession of the property. To avoid repossession or foreclosu tional entries on a separate page.  Toperty Securing the Debt  S. Enter the total amount, divided baims, for which you were liable at the support of the su	the creditor in addition the cure amount wou re. List and total any 1/60th of the Try 60, of all priority c	u may include in on to the ld include any such amounts in le Cure Amount lotal: Add Lines laims, such as	\$	0.00
	motor vehicle, or other property necessar your deduction 1/60th of any amount (the payments listed in Line 42, in order to make sums in default that must be paid in order the following chart. If necessary, list additional environments of Creditor  aNONE-  Payments on prepetition priority claim priority tax, child support and alimony classification environments of the control	ny of debts listed in Line 42 are see y for your support or the support of a "cure amount") that you must pay aintain possession of the property. To avoid repossession or foreclosu tional entries on a separate page. Toperty Securing the Debt  s. Enter the total amount, divided baims, for which you were liable at the sthose set out in Line 28.  you are eligible to file a case under a amount in line b, and enter the rester 13 plan payment.	toured by your primary f your dependents, yo the creditor in addition the cure amount wou re. List and total any  1/60th of th  True Toy 60, of all priority conthet time of your bank r Chapter 13, complete	u may include in on to the ld include any such amounts in e Cure Amount otal: Add Lines laims, such as ruptcy filing. Do te the following	\$	0.00
44	motor vehicle, or other property necessar your deduction 1/60th of any amount (the payments listed in Line 42, in order to make sums in default that must be paid in order the following chart. If necessary, list additional environments of Creditor  aNONE-  Payments on prepetition priority claim priority tax, child support and alimony classification environments and include current obligations, such as Chapter 13 administrative expenses. If chart, multiply the amount in line a by the current multiplier for your districtions are considered as a current multiplier for your districtions are considered as a current multiplier for your districtions are considered as a current multiplier for your districtions are considered as a current multiplier for your districtions are considered as a current multiplier for your districtions are considered as a current multiplier for your districtions.	ny of debts listed in Line 42 are set y for your support or the support of a "cure amount") that you must pay aintain possession of the property. To avoid repossession or foreclosu tional entries on a separate page. Toperty Securing the Debt  s. Enter the total amount, divided baims, for which you were liable at a sthose set out in Line 28.  you are eligible to file a case under a amount in line b, and enter the rest ter 13 plan payment. The control of	cured by your primary f your dependents, yo the creditor in addition the cure amount wou re. List and total any  1/60th of the Troy 60, of all priority contains the time of your bank or Chapter 13, complete sulting administrative	u may include in on to the ld include any such amounts in le Cure Amount lotal: Add Lines laims, such as ruptcy filing. Do te the following expense.	\$	0.00 26.27
44	motor vehicle, or other property necessar your deduction 1/60th of any amount (the payments listed in Line 42, in order to ma sums in default that must be paid in order the following chart. If necessary, list additional environments of Creditor  a. Name of Creditor  a. None-  Payments on prepetition priority claim priority tax, child support and alimony classification environments and priority tax, such as the chart, multiply the amount in line a by the chart, multiply the amount in line a by the control of the	ny of debts listed in Line 42 are set y for your support or the support of a "cure amount") that you must pay aintain possession of the property. To avoid repossession or foreclosu tional entries on a separate page. Toperty Securing the Debt  s. Enter the total amount, divided by aims, for which you were liable at a sthose set out in Line 28.  you are eligible to file a case under a amount in line b, and enter the rest are 13 plan payment.  et as determined under schedules or United States Trustees. (This usdoj.gov/ust/ or from the clerk of expense of Chapter 13 case	cured by your primary your dependents, yo the creditor in addition the cure amount wou re. List and total any  1/60th of the Troy 60, of all priority cathe time of your bank or Chapter 13, complete sulting administrative \$  x  Total: Multiply Line	u may include in on to the ld include any such amounts in le Cure Amount lotal: Add Lines laims, such as ruptcy filing. Do te the following expense.	\$	0.00 26.27 65.55
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44 45 46	motor vehicle, or other property necessar your deduction 1/60th of any amount (the payments listed in Line 42, in order to ms sums in default that must be paid in order the following chart. If necessary, list addition the following chart. If necessary, list addition in the following chart. If necessary, list addition in the following chart. If necessary, list additions are not include or propertition priority claim priority tax, child support and alimony classification in the following chart	ny of debts listed in Line 42 are set y for your support or the support of a "cure amount") that you must pay aintain possession of the property. To avoid repossession or foreclosu tional entries on a separate page. Toperty Securing the Debt  s. Enter the total amount, divided by aims, for which you were liable at the sthose set out in Line 28.  you are eligible to file a case under the amount in line b, and enter the rest as determined under schedules or United States Trustees. (This busdoj.gov/ust/ or from the clerk of the expense of Chapter 13 case there the total of Lines 42 through 45 part D: Total Deductions for Total Deducti	cured by your primary f your dependents, yo the creditor in addition the cure amount wou re. List and total any  1/60th of the standard from the time of your bank or Chapter 13, complete sulting administrative sulting administrat	u may include in on to the ld include any such amounts in le Cure Amount lotal: Add Lines laims, such as ruptcy filing. Do te the following expense.  950.00  6.90  es a and b	\$ \$ \$	0.00 26.27 65.55 507.72

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$ 5,051.54
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$ -215.84
J 1	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.	\$ -12,950.40
	Initial presumption determination. Check the applicable box and proceed as directed.	
52	■ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of pastatement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.	age 1 of this
	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remaind	
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (L	Lines 53 through 55).
53	Enter the amount of your total non-priority unsecured debt	\$
54	<b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$
	Secondary presumption determination. Check the applicable box and proceed as directed.	
55	<ul> <li>□ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not aris 1 of this statement, and complete the verification in Part VIII.</li> <li>□ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumpt of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.</li> </ul>	
	Part VII. ADDITIONAL EXPENSE CLAIMS	
	Part VII. ADDITIONAL EXPENSE CLAIMS  Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the of you and your family and that you contend should be an additional deduction from your current monthly income u 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average reach item. Total the expenses.	nder §
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the of you and your family and that you contend should be an additional deduction from your current monthly income u 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average in	nder § monthly expense for
,	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the of you and your family and that you contend should be an additional deduction from your current monthly income u 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average reach item. Total the expenses.    Expense Description	nder § monthly expense for  nt 7
,	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the of you and your family and that you contend should be an additional deduction from your current monthly income u 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average reach item. Total the expenses.    Expense Description	nder § monthly expense for  nt 7 9
,	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the of you and your family and that you contend should be an additional deduction from your current monthly income u 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average reach item. Total the expenses.  Expense Description  AD&D Insurance  B. Critical III Insurance  C. Accident Insurance  \$ 17.9	nder § monthly expense for  nt 7 9 3
,	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the of you and your family and that you contend should be an additional deduction from your current monthly income u 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average reach item. Total the expenses.  Expense Description  AD&D Insurance  B. Critical III Insurance  C. Accident Insurance  Monthly Amourt \$ 0.6	nder § monthly expense for  nt 7 9 3 1
,	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the of you and your family and that you contend should be an additional deduction from your current monthly income u 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average reach item. Total the expenses.    Expense Description	nder § monthly expense for  nt 7 9 3 1
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the of you and your family and that you contend should be an additional deduction from your current monthly income u 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average reach item. Total the expenses.    Expense Description	nder § monthly expense for  nt 7 9 3 1 0

<sup>\*</sup> Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.